

*Chester Barnard - N.Y. Telephone President.
Formerly Pres. R.F.*

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*Memo to Barnard presented
about Mar 5 1951*

(Set 61)

The following considerations I present to you as a result of my reflections during the past two or three years on the ways in which I might be most useful to the Foundation during the last four years before retirement.

My assets presumably lie in the experience in the field of medical education which connection with the Foundation since 1918 has provided, from 1919 to 1931 mainly outside the United States, and from 1931 to 1951 in the New York office. I have visited medical schools in a considerable number of countries and have some knowledge of conditions and Foundation enterprises in a dozen or so more. Reports and records of these contacts are rather extensive.

My connection with the Foundation gives me an access to persons and further information in schools in any of these countries except at the present time the USSR and countries under its direct control. I have a working knowledge of French, Italian, Portuguese and Spanish. With time for careful work I could interest a reasonable number of readers in the fields of medical education and some phases of psychiatry. Though I do not equate width of experience directly with good judgement, I know that I can at least act as a conveyor of opinion and experience between various groups and countries. In the same

sense I have seen a good deal of the work of foundations as both onlooker and participant, particularly in the last twenty years.

My liabilities relate in part to the fact that I shall be sixty one years old next July and my health is so good that I cannot expect it to be more robust as time goes on. In part too it is a liability that my acquaintance with the more recent technical and research aspects of medical science and with its younger protagonists is not what I had hoped it would be. Familiarizing myself with psychiatry and psychology has had its price-tag.

My interests now lie more clearly in writing and from time to time speaking about various aspects of medical education and medicine generally. Also in talking with persons undertaking new enterprises in medical education and research organization. I take a good deal of satisfaction when they come to the R.F. for advice or criticism. A more formal or explicit type of advisory work has increased considerably of late and the Chairmanship of the Committee on Biology and Medicine of the AEC, memberships of the National Advisory Committee to Selective Service and to the NSRB, and membership on the Advisory Committee to the Psychiatry and Neurology Division of the Veterans Administration are current examples.

I once saw a schematic division of a man's working life into twelve year periods with the main appropriate activity for each period. It ran as follows:

20---32 Learning
32---44 Doing
44---56 Directing
56---68 Advising

Though perhaps over schematized this outline serves as an introduction to my conviction that my greatest value to the Foundation for my last four years will not lie merely in continuing the same activities I have had in the past twenty years. I believe that making myself available as an adviser and devoting time explicitly to writing on various phases and problems of medical education would serve more effectively than devoting my time as hitherto to the selection of grants in aid and the preparation of renewed financing of current programs. I do not find myself in sympathy with the policy of spending the Foundation out of existence, nor on the other hand, with the policy of making large numbers of small grants in aid. Consequently the alternative I suggest seems a more consistent as well as perhaps a more useful course for me to follow.

The following consequences of these suggestions appear appropriate:

1. Leave my title as it is at present but with the understanding that Doctor Morison would be charged with the examination of projects and the presentation with my approval of recommendations to the Executive Committee meetings of the Trustee. I would continue to attend Annual Meetings.

2. Continue with my present plan to visit India next autumn and winter and hold myself in readiness in 1954 for visits to other countries (e.g. South America) where advice on medical education (with or without RF participation) has been requested.

3. Devote if possible three months in 1952 and six months each in 1953 and 1954 to writing on various aspects of medical education out of the experience that connection with the Foundation has afforded me. I would not want to stay in the NY office for this work of writing.

4. If it were possible to secure the services of Dr. E.S. Rogers for the development of teaching Public Health he could be attached either to the MS or the IHD. He is mature enough to be given responsibility for proposing programs of the order of \$500,000 annually: indeed no significant alleviation of the IHD's needs in foreign countries could be accomplished on less.

Dr. Morison would need an assistant who might in 1953 or '54 replace Dr. Struthers who could, and would be disposed to return to New York.

5. There is no reason to suppose from present evidence that advisory work for the Government is likely to decline during the next two or three years. The present magnitude of Federal expenses in the field of medical education and research calls upon the type of experience which foundation officers have had, in the formulation of policies for the expenditure of sums far in excess of what any foundation has in these fields. As an example the AEC is spending currently over \$18,000,000 annually in Biology and Medicine.

I would add one more point. I do not think the course I suggest would constitute an unwise precedent in the case of divisional directors of the Foundation within a few years of retirement. Indeed I think the terminal years are least effective if bound down to routine in which a man with long experience has not enough time to make an unusual experience available to others. Whether this can be done while I am still connected with the Foundation and whether the Foundation will permit such a use of time is obviously not for me to decide though I do request it.

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The countries whose medical schools I have visited are the United States, Canada, Mexico, Colombia, Brazil, Argentine, Japan, China, HongKong, England, Scotland, Wales, Ireland, Iceland, Norway, Sweden, Finland, Esthonia, Latvia, the USSR, Poland, Czechoslovakia, Germany, Holland, Belgium, France, Switzerland, Austria, Hungary, Rumania, Bulgaria, Yougoslavia, Greece, Italy, Spain and Portugal.

Though not visited by me the following countries have medical schools with whose problems or past problems I am in varying degrees familiar: Syria, Egypt, South Africa, Chile, Perue, Cuba, Haiti, Porto Rico, the Philippines, Australia, New Zealand, Straights Settlements, Siam, and India.